

**TRANSMITTAL OF
UTILITY
APPLICATION
UNDER 37
C.F.R. §1.53**

Attorney Docket No.	22908-1239
First named inventor	Von Seggern
Express mail label #	EV 399294456 US
Date of mailing	March 24, 2004

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10/808758

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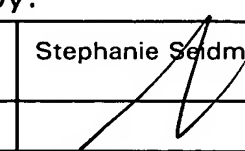
Application Elements		Accompanying Application Papers	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form</p> <p>2. <input checked="" type="checkbox"/> Specification containing <u>161</u> pages (including Claims and Abstract) and a Sequence Listing (<u>121</u> pages).</p> <p>a. Title: <i>ADENOVIRUS PARTICLES WITH ENHANCED INFECTIVITY OF DENDRITIC CELLS AND PARTICLES WITH DECREASED INFECTIVITY OF HEPATOCYTES</i></p> <p>b. Number of claims: <u>48</u></p> <p>3. <input type="checkbox"/> <u>35</u> Sheets of drawings with <u>27</u> Figs.</p> <p>4. <input type="checkbox"/> Unexecuted Declaration listing name of inventor</p> <p>5. <input checked="" type="checkbox"/> Sequence Listing</p> <p><input checked="" type="checkbox"/> Paper copy (<u>121</u> pages) (identical to computer copy)</p> <p><input checked="" type="checkbox"/> Computer readable copy</p> <p><input checked="" type="checkbox"/> Verified statement</p>		<p>6. <input type="checkbox"/> Copy of assignment from prior</p> <p>7. <input type="checkbox"/> Unexecuted Small Entity Statement</p> <p>8. <input type="checkbox"/> Preliminary Amendment</p> <p>9. <input checked="" type="checkbox"/> Return Receipt Postcard</p>	
		SIGNATURE OF ATTORNEY/AGENT	
		FISH & RICHARDSON P.C.	
		Stephanie Seidman Registration Number: 33,779	
<p><input checked="" type="checkbox"/> Benefit of priority is claimed under 35 U.S.C. §119(e) to U.S. provisional application Serial No. 60/459,000, filed March 28, 2003, and to U.S. provisional application Serial No. 60/467,500, filed May 1, 2003. The subject matter of each of these applications is incorporated by reference herein.</p>			
CORRESPONDENCE ADDRESS			
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FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53	Attorney Docket No.	22908-1239
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FEE CALCULATION FOR CLAIMS AS AMENDED

a)	Basic Fee		\$ 770.00
b)	Independent Claims <u>1</u> - 3 = <u>0</u> x \$ 86.00		\$ 0.00
c)	Total Claims <u>48</u> - 20 = <u>28</u> x \$ 18.00		\$ 504.00
d)	Fee for Multiple Dependent Claims - \$290.00		\$ 0.00
TOTAL FILING FEE			\$1,274.00

- [] Executed Statement(s) of Status as Small Entity reducing Fee by one-half to \$.00
- [X] A check in the amount of \$1,274.00 to cover the fee for filing the application.
- [] Charge \$.00 to Deposit Account No. 06-1050.
- [X] The Commissioner is hereby authorized to charge any fees that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 06-1050. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1050 during the entire pendency of this application. This sheet is filed in duplicate.

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Submitted by:			
Typed or printed name	Stephanie Seidman		Reg. Number 33,779
Signature		Date 03/24/04	Deposit Account 06-1050